REQUEST FOR APPLICATIONS (RFA) #111604

District of Columbia
Department of Health
Primary Care and Prevention Administration
Preventive Health Block Program

Invites the Submission of Applications for Funding under the U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health Services, Notice of Block Grant Award. Authorization (Legislation/Regulation) Part A, Title XIX, Section 1901-1909, Public Health Services Act (Public Law 102-531), as Amended.

Announcement Date: November 9, 2004
RFA Release Date: November 16, 2004

Application Submission Deadline: December 22, 2004, 4:45 p.m.

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL

“N O T I C E”

PRE-APPLICATION CONFERENCE

WHEN: November 19, 2004

WHERE: Department of Health
Union Square
825 North Capitol Street, N.E. Room 4131
Washington, DC 20002

TIME: 11:30 a.m.

CONTACT PERSON: Charles Nichols
Chief of Grants Management and
Resource Development
DC Department of Health
(202) 442-9414
Charles Nichols@dc.gov

Checklist for Applications

- ❑ The applicant organization/entity has responded to all sections of the Request for Application.
- ❑ The Applicant Profile, found in Attachment A, contains all the information requested.
- ❑ The Applicant ion includes an official transmittal letter signed by an authorized representative of the applicant.
- ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment F of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ❑ The application is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **using 12-point type with a minimum of one inch margins**.
- ❑ The proposal summary section is complete and is within a **two** page limit printed on 8½ by 11-inch paper, **double-spaced**, on one side, **using 12-point type with a minimum of one inch margins**. This does not count towards the 20 page limit.
- ❑ The Knowledge and Understanding of Need, Project Description, Quality Assurance and Program Monitoring, and Organizational History and Experience sections are complete and within the twenty pages limit.
- ❑ The applicant is submitting the required four (4) applications of its proposal, (1) application is an original.
- ❑ The application proposal format conforms to the "Proposal Format" listed on page 20 of the RFA.
- ❑ The Certifications and Assurances listed in Attachments B and C are complete and contain the requested information.
- ❑ The appropriate appendices, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- ❑ The application is submitted to **DOH, 3rd Floor, Office of Preventive Health Block Program Coordinator, Room 3141** no later than 4:45 p.m., on the deadline date of **December 22, 2004**

- The application is submitted with **two original receipts**, found in Attachment G, attached to the outside of the envelopes or packages for **DOH's** approval upon receipt.

- Appendices are included in the proposal submission.

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District of Columbia
Department of Health
Primary Care and Prevention Administration

REQUEST FOR APPLICATIONS #111604

Preventive Health and Health Services Block Grant

SECTION I GENERAL INFORMATION

The Centers for Disease Control and Prevention's (CDC) Preventive Health and Health Services Block Grant (PHHSBG) is administered by the District of Columbia, Department of Health, Primary Care and Prevention Administration (PCPA). PHHS Block Grant funds supplement the District's appropriated budget along with other federal support and are used for programs aimed at improving the health of District residents. Block Grant funds have been used to provide support when no other sources of funding exist, provide start-up dollars for community health programs, provide supplemental support for categorical funding of state health programs, and provide funds for rapid response to unexpected health threats. Funds are distributed in accordance with statutory requirements detailed in Part A, Title XIX, of the Public Health Services Act.

PCPA programs are designed to promote good health and beneficial health practices, reduce morbidity and mortality resulting from major preventable hazards and diseases and, promote a sound, healthy environment for the District of Columbia residents and visitors. Priority areas are established based on PCPA goals and objectives, health status and risk reduction objectives, input from the Preventive Health Block Grant Advisory Committee, and testimony from a public hearing. The State's annual application/State Plan submitted to CDC is based on National Healthy People 2010 objectives, District of Columbia 2010 objectives, local health disparities and the Institute of Medicine's 10 Essential Public Health Services.

Public Law 102-531 mandates the establishment of an Advisory Committee to make recommendations on the development and implementation of PHHS Block Grant funded programs. The District's Advisory Committee is made up of health care professionals and representatives of private organizations and community groups who have a vital and constructive interest in preventive health programs. Specific program models and interventions, as well as sub-target populations and program venues outlined in this RFA reflect the prioritization process conducted by the PHHS Block Advisory Committee in collaboration with PCPA, as well as the availability of resources to fund programs for each target population.

The following health priority areas have been identified for funding under this Request for Applications:

1. CHRONIC DISEASES: HEART DISEASE AND STROKE

2. INJURY AND VIOLENCE: YOUTH VIOLENCE PREVENTION

3. ACCESS TO PRIMARY CARE: LINKAGE TO SERVICES

Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for federal grant funds under this RFA:

- Private entities, including community development corporations, community action agencies, and community-based and faith-based organizations;
- Private non-profit and for-profit organizations, not to include individuals; and
- Small businesses.

Source of Grant Funding

The grants are made available through the Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention, Notice of Block Grant Award, Authorization (Legislation/Regulation), Title XIX, Section 1901, PHS Act, As Amended.

Award Period

The program period shall be for the duration of one year (12 months) subject to the grants from the Centers for Disease Control and Prevention for the implementation of preventive health and health services programs.

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and contingent upon availability of funds. PCPA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population covered in all program areas.

Grant Awards and Amounts

A total of **$540,000** in federal grant funds are anticipated to be available for the 2005 program year. Federal funds anticipated to be awarded to the District of Columbia by the Centers for Disease Control (CDC). Awards will be made in the following amounts under each program area:

Program Area		Total Amount Available Program Area	Approximate No. of Awards
1	**Chronic Diseases-Heart Disease and Stroke**	**$180,000**	**3-4 Awards**
2	**Injury and Violence: Youth Violence**	**$180,000**	**3-4 Awards**
3	**Access to Primary Care: Linkage to Services**	**$180,000**	**3-4 Awards**

Award amounts and target populations selected shall reflect priorities established by the Preventive Block Grant Advisory Committee and PCPA, as outlined in the most recent District of Columbia, Preventive Health and Health Services Annual State Plan. Awards granted to applicants in previous years do not become entitlements and are not necessarily continued during succeeding years. Awards may not be used to supplant funds awarded to providers through the Medicaid Assistance Administration, the D.C. Healthcare Alliance, or any other program within the D.C. Department of Health. All funds are meant to supplement preventive health services, education, outreach and referral services, rather than provide a major source of funding. Funds cannot be used to provide direct financial assistance to individuals. Amounts are incumbent upon receipt of federal funds obtained through the Notice of Block Grant Award from the Centers for Disease Control.

In order to be considered for more than one program area, applicants must submit separate applications for each program area. PCPA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each program area.

SECTION V separately outlines (A) Program Overview & Requirements, (B) Recipient Responsibilities for each program area. Please read this section carefully in order to ensure that you provide a fully responsive application and understand the administrative and program requirements for the health services prevention grant in the program area for which you are requesting funds. SECTION VI outlines the SCORING CRITERIA and required PROPOSAL FORMAT for the application. Please note any specific formatting requirements for each program area.

SECTION II- SUBMISSION OF APPLICATIONS

Multiple Submissions

Any applicant desiring consideration to provide programs and services under more than one program area must submit a separate application for each program area as described in the general information section on page one of this RFA. Each application must be self-contained and include all of the required information **(including a separate budget)** as outlined in the RFA.

Contact Persons:

Grants Management

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Program

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825 N Capitol St., NW – Suite 3141
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Carolyn.bothuel@dc.gov

Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, Office of Grants & Contract Management with the following:

- Name of Organization
- Key Contact
- Mailing Address
- Telephone and Fax Number
- E-mail Address

This information shall be used to provide updates and/or addenda to the Prevention and Intervention Services RFA.

Pre-Application Conference

A Pre-Application Conference will be held **November 19, 2004** at 11:30 a.m., at 825 N. Capitol Street, Fourth Floor Conference Room (4131), Washington, DC, 20002.

Explanations to Prospective Applicants

Applicants are encouraged to mail or fax their questions to the grants management contact person listed above on or before November 18, 2004. Questions submitted after the deadline date will not receive responses. Please allow ample time for mail to be received prior to the deadline date.

SECTION II SUBMISSION OF APPLICATIONS

Application Identification

A total of four (4) applications are to be submitted in an envelope or package. **Attachment D** should be affixed to the outside of the envelope or package. **Of the four (4) applications, one (1) copy must be an original. DOH will not forward the proposal to the review panel if the applicant fails to submit the required four (4) applications.** Telephonic, telegraphic and facsimile submissions **will not be accepted**.

Application Submission Date and Time

Applications are due no later than 4:45 p.m., EST, on **DECEMBER 22, 2004.** All applications will be recorded upon receipt. Applications **accepted at or after 4:46 p.m., EST DECEMBER 22, 2004. will not be forwarded to the review panel for funding**

consideration. Any additions or deletions to an application will not be accepted after the deadline of 4:45 p.m. **DECEMBER 22, 2004.**

The four- (4) applications of the proposal **must be** delivered to the following location:

District of Columbia, Department of Health
Office of the Grant Coordinator
825 North Capitol Street, NE – Room 3141
Washington, D.C 20002
Attention: Carolyn Bothuel

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services must be sent in sufficient time to be received by the **4:45 p.m. EST deadline on DECEMBER 22, 2004.** at the above location. Applications arriving via messenger/courier services after the posted deadline of 4:45 p.m., **DECEMBER 22, 2004.** will not be forwarded to the review panel by the DOH. NOTE: The building applicants are delivering applications is located in a secured building. DOH will not accept responsibility for delays in the delivery of the proposals. **LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL.**

SECTION III PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants shall only use grant funds to support preventive health service activities for the Preventive Health and Health Services Block Grant Program. Applicants may not use any amount of the award to supplant Medicaid or D.C. Healthcare Alliance funding.

Indirect Costs Allowance

Applicants' budget submissions must adhere to a ten-percent **(10%) maximum** for indirect costs for the Preventive Health and Health Services Block grant. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

SECTION IV GENERAL PROVISIONS

Insurance

The applicant when requested must be able to show proof of all insurance coverage required by law. All applicants that receive awards under this RFA must show proof of insurance prior to receiving funds.

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving HIV/AIDS Prevention and Intervention Services Grant.

SECTION V

PROGRAM SCOPES OF WORK

Section V provides a separate overview of each Program Area. Each overview provides a program description and/or program goals, and outlines target populations/sub-populations to be reached, and recipient responsibilities for each Program Area. See SECTION VII for application formatting requirements and review criteria.

Program Area One:	**CHRONIC DISEASES: Heart Disease and Stroke**

A. PROGRAM OVERVIEW

Cardiovascular disease (CVD) refers to a group of diseases and conditions that affect the heart and blood vessels. Heart attacks, stroke, and heart failure are types of CVD. Certain forms of CVD may lie undetected for years before symptoms appear.

The Primary Care and Prevention Administration (PCPA) operates the Cardiovascular Health Program (CHP) that addresses CVD as the leading cause for hospitalization in the District of Columbia as well as the leading cause of death in all Wards of the city. The total number of lives claimed by CVD far outnumbers the sum of the six following causes of death. The CHP was developed to promote cardiovascular health in the District of Columbia. Programs funded under this grant initiative will serve to enhance

the capability of the CHP to impact the health status of at-risk residents through measurable preventive program activities.

The financial cost of CVD represents both direct and indirect costs. Direct costs include hospital care, physicians' visits, and nursing home care; indirect costs include absenteeism, permanent disability, and premature mortality. CVD is the largest source of health care expense in the United States. Across the country and in the District of Columbia, the economic impact of CVD continues to be significant. Programs are needed to offset this economic burden in the District.

The PCPA recognizes that while some factors likely to increase the incidence, prevalence, morbidity, or mortality of CVD, cannot be changed, most risk factors for CVD are modifiable and can therefore help prevent the manifestation of the disease. Included among the controllable risk factors are high cholesterol level, overweight and obesity, physical inactivity, tobacco use, diabetes, and hypertension. The priority risk factors for this solicitation are: Obesity, Physical Inactivity, and Nutrition.

The purpose of this program is to support at-risk individuals with risk reduction efforts that assist in the prevention of heart disease and stroke. Programs may be designed to provide such service interventions as provision of appropriate individual, group and/or family support services, promotion of early screening and diagnosis of risk levels, promotion of effective communication between patients and healthcare providers, provision of health education and counseling outreach, case management; collaborative activities among providers to create user-friendly low impact activities for at-risk individuals to control their risk factors, etc.

Organizations seeking funds under this RFA should demonstrate the capacity to reach newly-diagnosed persons The successful applicant shall also be required to establish and demonstrate collaborative linkages in order to develop user-friendly and low-impact activities to facilitate, track and monitor progress of program participants. An example of this approach would be collaboration between a school-based program and a recreation facility to provide after school intramural activities for overweight and inactive teens. Successful applicants should develop holistic approaches that involve family and/or other target groups working together as a cohesive unit within a particular cultural context.

Any program funded under this initiative should employ best practices that are science/evidenced based for effectiveness in reducing risk among persons exhibiting high-risk for heart disease and stroke.

The successful applicant will be required to participate in on-going workgroups and program meetings specifically developed for the "Prevention of Heart Disease and Stroke" to ensure that best practices and strategies are shared and appropriate protocols are being followed throughout the District of Columbia.

B. PERSONS TO BE REACHED

CVD is the leading cause of death for both women and men in all ethnic and racial groups, but hits the poor and minority groups hardest. African Americans are 3.5 times as likely to experience CVD as whites or other ethnic groups. This disparity is seen in rates for deaths, hospitalizations, and modifiable risk factors such as obesity, smoking, and physical inactivity. African Americans also have relatively high rates of diabetes, overweight, transient ischemic attacks (strokes), sickle cell anemia, inadequate nutrition, and hypertension- all of which are risk factors for CVD. Further, most hospitalizations among African Americans are because of CVD. Seventy-seven percent of CVD deaths in the District occurred among African Americans. However, research shows that the risk factor for certain forms of the disease is on the rise among Latina/Hispanic women and persons of Asian descent. Proposals should identify and describe a specific target population to receive the proposed services.

C. INTERVENTIONS & PROGRAM MODELS

The following interventions will be funded**:** Prevention Case Management (PCM), Family-Oriented Interventions and Group Level Interventions. Applicants may elect to implement any or all of these interventions. Interventions must address the three priority risk factors of Overweight/Obesity, Physical Inactivity and Diet/Nutrition as an interconnected or interdependent conglomerate of heart health practices.

D. RECIPIENT RESPONSIBILITIES

The recipient shall:

1. Provide a client-based prevention program whose activities center primarily around the delivery of prevention case management (PCM), family-oriented prevention activities; and/or group-level interventions such as counseling, outreach, education, services, and exercises for persons with identified risk for heart disease and /or stroke. Funded organizations will work with clients to assess their level of risk and develop an individual risk reduction plan, facilitate the implementation of the PCM plan through appropriate activities, referral and follow-up; provide ongoing risk-reduction counseling, and advocate on behalf of the client to obtain additional support and educational services. The interventions will be designed to increase participants' knowledge about risk reduction and healthy behavior, increase their ability to communicate with other significant persons to reduce risk levels and actively participate in a process of risk reduction behaviors.

2. Assist clients in gaining access to appropriate support services, treatment and other early medical care for heart disease and stroke, health services, psycho-social support, mental health services; and primary prevention such as health education and risk reduction activities and/or services.

3. Demonstrate an understanding of the impact of heart disease and stroke risk for the populations and sub-groups they will target. This includes an understanding of specific risk behaviors related to overweight and obesity, physical inactivity and diet/ nutrition for target populations in the District of Columbia, in specific neighborhoods/geographic areas and in venues in which the program activities will be implemented.

4. Provide a program that is:

    a) Science-based, or have evidence of demonstrated or probable outcome effectiveness, such as pre and posttest measures and client satisfaction surveys;

    b) Are directed by written procedures or protocols;

    c) Are acceptable to and understood by the target population, i.e., are culturally appropriate;

    d) Has quality assurance and evaluation procedures or determining best practices standards and guidelines for the specific program intervention(s).

5. Conduct evaluation activities of the interventions it provides utilizing tools and reporting systems required by PCPA. The recipient shall conduct process monitoring and outcome monitoring activities. This is required for all case management, family-oriented and group level interventions. The recipient must develop program objectives based on the following specific **performance indicators** for each intervention type:

    a) Proportion of the intended number of the target populations to be reached with the specified intervention(s) who were actually reached.

    b) Of those enrolled in PCM, proportion of persons that completed the intended number of sessions for PCM.

    c) Percent of at-risk persons who, after a specified period of participation in PCM, report a reduction in the level of risk measured.

    d) Proportion of persons that completed the intended number of sessions for each of the interventions implemented.

e) For those enrolled in PCM, Family Intervention, and/or Group Intervention, the number of successful referrals made to other risk reduction activities, treatment or support services.

6. Show evidence that the funded program serves those most at-risk of heart disease and stroke. Targets may additionally be described by other demographics or risk situations (e.g. hypertension, tobacco use, high cholesterol, diabetes, etc.), as required by PCPA. This will ensure that programs reflect priorities established by the Preventive Health Services Advisory Committee.
7. Collaborate with health care providers to provide prevention services. Work with primary care clinics in the District of Columbia to serve CVD at-risk persons to integrate prevention services into care and treatment services for persons with high risk factors for heart disease and stroke.
8. Collaborate with PCPA CVH Program and other prevention providers in activities such as community mobilizations, public information and media campaigns, networking activities and crisis response initiatives directly targeting prioritized populations.
9. Develop and maintain a program budget in accordance with the guidelines included in this RFA (See ATTACHMENT F). Utilize funds for the expressed purpose of delivery of approved services in accordance with requirements by the District of Columbia Department of Health, Primary Care and Prevention Administration.

Program Area Two:	**INJURY AND VIOLENCE: Youth Violence Prevention**

1. PROGRAM OVERVIEW

Violence is a burgeoning public health issue insofar as the outcome is often intentional and unintentional trauma and injury to members of the community that is costly and debilitating to society. After nearly a decade of falling crime rates, violent crimes among youth in the District of Columbia have begun to escalate at an alarming rate. D.C. continues to have one of the highest rates of violence in the country. More 18-year-old males are incarcerated than are gainfully employed in the District. In recent years, violence has trickled down to younger and younger youth.

At a high of 28 juvenile homicides in 1999, statistics had risen to 21 in early September 2004. As in previous years, the majority of youth homicide victims were African American males. Over 70 percent were between the ages of 15 and 17 years of age. Over 1,800 juveniles were arrested between January and July 2004.

Forty percent (40%) of the arrests were for serious crimes such as vehicle theft, simple assault, drugs, aggravated assault, larceny, robbery/carjacking, and weapons offenses. The PCPA Division of Injury and Violence sponsored three youth summits to allow

District youth to express their views on the causes and solutions to violent crimes in their homes, schools and communities, particularly gun violence and homicide.

Violence is prevalent among the Nation's youth whether it is in the form of bullying, intimate partner violence or shootings. Earlier forms of aggression set the foundation for more severe and fatal forms of violence later in life. Furthermore, violence disproportionately affects those of color in comparison to compared to non-Hispanic whites, African Americans and Hispanics. Since violence is a social ill that involves the victim, the perpetrator and finally the bystander, intervention efforts need to reach out to all that participate in the event.

Howard University Hospital, Department of Surgery, Division of Trauma and Critical Care reported for the year ending September 2003, a high incidence of youth violence in the District. A total of 644 youth were treated during that period for gunshot wounds, stab wounds and blunt assaults. Eighty-Four percent (84%) were over 21 years of age and 16% were under 21.

Among agencies in the District that are involved in youth violence prevention, programs include peer mentoring, youth corps activity, and teen summits. There still remain gaps connecting the various efforts to provide comprehensive programs that include all members of the community.

The purpose of this solicitation is to implement science-based programs that engage the total community, including parents, school personnel, faith-based leaders, and other adult stakeholders; as well as youth who are victims, perpetrators and bystanders. The goal is to engage them in the process of combating youth violence through personal and group development and with positive solution-oriented messages.

2. PERSONS TO BE REACHED

Many of the District's youth are from single-parent low-income households, and communities where drug abuse and violence are endemic. Thus they are at high risk for violence as victims, perpetrators and bystanders. Youth in this solicitation are defined as juveniles under the age of 18 (including infants). Applicants must provide a rationale for the inclusion of the intended target population for the intervention.

3. INTERVENTIONS/PROGRAM MODELS

Youth Leadership Demonstration Activities Examples include: coalition building activities, survey assessments, social marketing projects, website development, school-based extra-curricular activities, information fairs, safe place activities, team building retreats, community awareness campaigns, jobs programs, entrepreneurship activities, leadership training models, etc.

Diversion Activities. Examples include: recreational activities, drama, art, crafts and theater groups, talent shows, music events, skills training, after school activities, peer tutoring, etc.

Mentorship Activities. Examples include: rape prevention education, suicide support groups, peer mentoring, self development activities, guest speaker programs, mediation and conflict resolution workshops, support group counseling, retreats, organized group excursions, rites of passage programs, etc.

E. RECIPIENT RESPONSIBILITIES

The recipient shall:

1. Provide a client-based prevention program whose activities center primarily around the delivery of youth-led violence prevention interventions. Funded organizations will work with individual youth clients to assess their personal level of risk, develop risk reduction responses, plans and strategies; and facilitate the implementation of these solutions as model demonstrations to address the problem of youth violence in the District of Columbia. The interventions will be designed to increase participants' knowledge about risk reduction and healthy behavior, increase their ability to communicate with other significant persons to reduce risk levels and actively participate in a process of risk reduction behaviors.

2. Assist clients in gaining access to appropriate support services in their homes, schools and communities to address youth violence. Assist clients to heal from experiences with violence in their lives and set goals to overcome violence in their daily living.

3. Demonstrate an understanding of the impact of youth violence on the personal level for the target population of youth and on the community level for District residents. This includes an understanding of specific risk behaviors related to youth violence and specific positive interventions that have proven effectiveness. Demonstrate an awareness of target populations in the District of Columbia, in specific neighborhoods/geographic areas and in venues in which the program activities will be implemented.

4. Provide a program that is:

   e) Science-based, or have evidence of demonstrated or probable outcome effectiveness, such as pre- and post-test measures and client satisfaction surveys;

   f) Are directed by written procedures or protocols;

   g) Are acceptable to and understood by the target population, i.e., are culturally appropriate;

   h) Has quality assurance and evaluation procedures for determining best practices standards and guidelines for the specific program intervention(s).

5. Conduct evaluation activities of the interventions it provides utilizing tools and reporting systems required by PCPA. The recipient shall conduct process monitoring and outcome monitoring activities for all case management and group level interventions employing a computerized database. The recipient must develop program objectives based on the following specific **performance indicators** for each intervention type:

   1. Proportion of the intended number of the target populations to be reached with the specified intervention(s) who were actually reached.
   2. Of those enrolled in specific preventive program activities, proportion of persons that completed the intended number of sessions.
   3. Percent of at-risk persons who, after a specified period of participation in intervention activities, report a reduction in the level of risk measured.
   4. Proportion of persons that completed the intended number of sessions for each of the interventions implemented.
   5. For those enrolled in specific interventions, the number of successful referrals made to other risk reduction activities, treatment or support services. Show evidence that the funded program serves those most at-risk of involvement in youth violence activities. Targets may additionally be described by other demographics or risk situations (e.g. single parent households, low-income, tobacco use, direct experience with youth violence, etc.), as required by PCPA. This will ensure that programs reflect priorities established by the Preventive Health Services Advisory Committee.
   6. Collaborate with health care providers to provide adequate prevention services. Work with other youth agencies in the District of Columbia to integrate prevention services into holistic care and treatment for persons with high risk factors for youth violence.
   7. Collaborate with PCPA Division of Injury and Violence and other prevention providers in activities such as community mobilizations, public information

and media campaigns, networking activities and crisis response initiatives directly targeting prioritized populations.

8. Develop and maintain a program budget in accordance with the guidelines included in this RFA (See ATTACHMENT F). Utilize funds for the expressed purpose of delivery of approved services in accordance with requirements by the District of Columbia Department of Health, Primary Care and Prevention Administration.

Program Area Three:	**ACCESS TO PRIMARY CARE:Linkage to Services**

A. PROGRAM OVERVIEW

While the health care safety net system in the District of Columbia has steadily improved the quality and availability of clinical care for residents of the city, regardless of their ability to pay, low-income residents continue to seek primary medical care in hospital emergency rooms at an overwhelming rate. This tendency to seek primary care in facilities that are not designed to provide continuing treatment for the chronic diseases translates into disease rates in the District of Columbia that are far more prevalent and that are taking the lives of D.C. residents in much larger proportions than in the rest of the nation. Furthermore, it contributes to rising healthcare costs for management of hospital emergency departments as well as rising costs to cover residents who eventually become disabled for lack of quality healthcare. Meanwhile the constant complaint of clinic managers concerns the enormous rate of underutilization of their facilities in preference for hospital emergency rooms.

The Primary Health Services Program (PHSP) in the District of Columbia operates within the Primary Care and Prevention Administration to build and sustain healthy neighborhoods by improving access to high quality preventive and primary health care services in the District's rapidly changing healthcare environment. Through this solicitation, PHSP seeks to increase community utilization of clinical services in the neighborhoods where people live.

It is estimated that approximately 300,000 of the District's residents (50%) who are adequately insured, are still experiencing difficulty finding a doctor in close proximity to home. This results in a greater number of ER visits, increases in delayed care, more subsequent hospitalizations for avoidable conditions, and increased cost. About 52% of District residents are said to live in federally designated primary care Health Professional Shortage Areas (HPSAs) and 30% live in federally designated Medically Underserved Areas (MUAs) or Populations. Under this health priority, consumer health access teams will be funded to provide community level assistance to break down the barriers to residents finding primary care in their own residential environments.

B. PERSONS TO BE REACHED

Applicants should be able to define the target community in terms of issues in access to care and how this affects utilization of community clinical services. Applicants should demonstrate an understanding of barriers related to access to healthcare for their specific target communities, such as language and/or literacy; subcultural habits, beliefs and practices; insurance coverage; co-payments and deductibles; understanding the value of preventive care; prescription drug resources; lack of knowledge about available resources and how to access them; age, gender, racial and economic subgroup behaviors, etc.

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C. INTERVENTIONS/PROGRAM MODELS

Applicants will be expected to design community-based programs and act as Community Health Navigation experts to assist low-income residents to identify key health resources at their disposal in the community and ensure that they utilize them. Through such services as outreach, education, counseling, advocacy, accompaniment to medical appointments, etc., these community health navigators will identify and address the barriers to healthcare in targeted MUAs in the District.

Applicants should demonstrate proficiency at providing linkage between clinic providers and community residents such that medical services are accessible and patients feel confident to visit the clinics and communicate with the available providers. Applicants should design programs that serve to create a greater sense of cultural competency among clinic personnel such that they become more proficient to serve persons from the community with dignity, compassion, and respect for diverse cultures.

F. RECIPIENT RESPONSIBILITIES

The recipient shall:

1. Provide a client-based prevention program whose activities center primarily upon the delivery of community-based health navigation services and or consumer health access services to link residents with community clinics. Funded organizations will work with individual family clients to assess their primary healthcare needs, develop plans and strategies for accessing health care; and facilitate the implementation of these solutions as model demonstrations to address the problem of underutilization of community clinic services in the District of Columbia. The interventions will be designed to increase participants' knowledge about chronic disease prevention and healthy

behavior, increase their ability to communicate with clinical health providers and significant persons to reduce risk levels for chronic disease and actively participate in a process of risk reduction behaviors.

2. Assist clients in gaining access to appropriate support services for adequate and satisfactory healthcare in their nearby community environment.

3. Demonstrate an understanding of the impact of specific barriers to accessing community-based healthcare for families in Medically Underserved Areas of the District of Columbia. This includes an understanding of specific risk behaviors related to seeking healthcare at hospital emergency rooms rather than at facilities nearby in the neighborhood and effective interventions for creating satisfactory behavioral change. Demonstrate an awareness of target populations in the District of Columbia, in specific neighborhoods/geographic areas and in venues in which the program activities will be implemented.

5. Provide a program that is:

1. Science-based, or has evidence of demonstrated or probable outcome effectiveness, such as pre- and post-test measures and client satisfaction surveys;
2. Directed by written procedures or protocols;
3. Acceptable to and understood by the target population, i.e., are culturally appropriate;
4. Has quality assurance and evaluation procedures for determining best practices standards and guidelines for the specific program intervention(s).
5. Conducts evaluation activities of the interventions it provides utilizing tools and reporting systems required by PCPA. The recipient shall conduct process monitoring and outcome monitoring activities for all case management and group level interventions employing a computerized database. The recipient must develop program objectives based on the following specific **performance indicators** for each intervention type:
    1. Proportion of the intended number of the target population to be reached with the specified intervention(s) who were actually reached.
    2. Of those enrolled in specific preventive program activities, proportion of persons that completed the intended number of sessions.

3. Percent of at-risk persons who, after a specified period of participation in intervention activities, report a reduction in the level of risk measured.
4. Proportion of persons that completed the intended number of sessions for each of the interventions implemented.
5. For those enrolled in specific interventions, the number of successful referrals made to other risk reduction activities, treatment or support services. Show evidence that the funded program serves those most at-risk of underutilizing community health clinics. Target groups may additionally be described by other demographics or barriers (e.g, single parent households, low-income, uninsured, language differences, etc.) as required by PCPA. This will ensure that programs reflect priorities established by the Preventive Health Services Advisory Committee and PCPA.
6. Collaborate with health care providers to provide adequate prevention services. Work with other youth agencies in the District of Columbia to integrate prevention services into holistic care and treatment for persons with high risk factors for youth violence.
7. Collaborate with PCPA Primary Health Services Program and other prevention providers in activities such as community mobilizations, public information and media campaigns, networking activities and crisis response initiatives directly targeting prioritized populations.
8. Develop and maintain a program budget in accordance with the guidelines included in this RFA (See ATTACHMENT F). Utilize funds for the expressed purpose of delivery of approved services in accordance with requirements by the District of Columbia Department of Health, Primary Care and Prevention Administration.

SECTION VI
RECIPIENT RESPONSIBILITIES

Successful applicants will be required to participate in an initial workgroup and on-going program meetings specifically developed for networking in the funded health areas of "Prevention of Heart Disease and Stroke," "Youth Violence Prevention," and "Access to Primary Care." The purpose of these meetings will be to ensure that best practices and strategies are shared and appropriate protocols are being followed throughout the District of Columbia.

SECTION VII

REVIEW AND SCORING OF APPLICATIONS

REVIEW AND SCORING OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, and social services planning and implementation. The review panel will review, score and rank each applicant's proposal, and when the review panel has completed its review, the panel shall make recommendations for awards to the Preventive Health and Health Services Block Grant Advisory Committee for FY05 based on the scoring process.

SCORING CRITERIA

Applicants' proposal submissions will be objectively reviewed against the following specific scoring criteria listed below.

Criterion A	Knowledge and Understanding of Need	Total 10 Points

In this section the applicant should justify the need for the proposed services for the target population through a demonstration of the applicant's knowledge and understanding of the core capacity areas.

A-1	Knowledge and understanding of risk behaviors and characteristics of the target population. Example: The applicant describes the specific behaviors and other characteristics of the target population and lists factors that placed the proposed population at a high risk of disease, disability, or injury. The applicant references studies of risk behaviors conducted by the proposed organization or other organizations, and describes characteristics that sufficiently document the need for intervention through the proposed program of activities, e.g. disease risk factors for heart disease and stroke, injury and violence, or barriers to access to adequate primary care.	5 points

A-2	Knowledge and understanding of barriers that the target population faces to access proposed prevention programs. Example: The applicant lists the barriers that the target population faces to access the proposed prevention programs and activities in the area where it will implement its interventions. The applicant effectively describes what the proposed program will do to eliminate or reduce these barriers and make prevention services more accessible.	5 points

Criterion B Theoretical and Technical Soundness of Proposal Total 70 Points

In this section the applicant has provided sufficient information on how it will implement the proposed program. The applicant presents relevant and realistic objectives and activities. The goals and objectives proposed are likely to be achieved; the activities are sound, creative, specific (How detailed is the information is in accomplishing what needs to be done?), time-phased (Is there a set time frame?), and measurable (Do the activities make a difference?). The applicant shall describe how services are to be provided either by the proposed organization or in collaboration with another organization. The applicant has provided the following:

B-1	**PROGRAM MODEL**	
(a)	The applicant proposes to implement a science-based program model with documented evidence of effectiveness for the specific target population/s to be reached and/or interventions to be provided through the funded program. Example: The applicant states clearly that the organization will implement a program model such as those listed in the Center's for Disease Control's "Compendium of Programs With Evidence of Effectiveness" or a specific program model with documented evidence of effectiveness and based on sound methods of inquiry.	5 points
(b)	The applicant demonstrates prior success in implementing a specific program model with evidence of effectiveness, documented through sound methods of inquiry. Example: The applicant describes prior experience in implementing a program with evidence of effectiveness.	5 points
B-2	**PROPOSED WORKPLAN**	
(a)	The applicant describes sound program goals, objectives that are time-phased, measurable and specific for EACH intervention. The proposed number of targets and characteristics of target population are reasonable given program objectives. The applicant includes provisions for linkages to relevant services.	20 points

	Example: The applicant adequately describes goals, objectives and major activities for each intervention it will implement. For each intervention, the applicant includes the number of individuals it will reach, gender/s and race/ethnicity. The applicant describes evaluation objectives and activities for each intervention. The applicant proposes an adequate plan for assisting its clients in gaining access to appropriate support services, including counseling and testing and early medical care, where need is indicated, and distribute prevention materials during interventions. **(See Attachment D)**	
(b)	The applicant describes how the program will be managed and the skills and experience of the program staff. Example: The applicant includes information on the roles and responsibilities of the proposed program staff and administrative staff and the staff's skills and experience related to providing services to the target population.	5 points
(c)	The applicant has developed a timeline with the start and completion dates of the program's major activities. Example: The applicant describes the details of its time line, and includes information on the most important steps in the project and the approximate dates when an activity or step is to begin and to be completed.	5 points
B-3	**EVALUATION PLAN**	
(a)	The applicant's proposal identifies methods for conducting process monitoring related to the objectives, including information on how it will collect and analyze data. The applicant's proposal identifies methods for conducting outcome monitoring related to the objectives outlined in the proposed program, including information on how it will collect, analyze and use the outcome data to make changes in the program. Example: The applicant describes how the organization will collect, analyze and report data on the services provided, in order to show which interventions are implemented and targets are reached. The applicant describes tools and methods for doing outcome monitoring for specific interventions proposed.	10 points

(b)	The applicant has developed and described effective methods of measuring client satisfaction and relevance of program to the target population needs. Example: The applicant demonstrates how it will measure whether the proposed services are meeting the needs of the target population.	5 points

B-4	**CLIENT ACCESS & RETENTION**	
	The applicant describes how it will ensure that the target population is aware of its program and is able to access the proposed services.	5 points
B-5	**REFERRALS & LINKAGES**	
(a)	The applicant describes a plan to refer program participants to the supportive services and treatment they need and has identified the organizations it will work with to provide those services. Example: The applicant shows how it will help persons who are at a high risk of disease or injury to get the services and treatment they need to be successful in preventing injury and/or disease. The applicant includes information on any agreements the organization has with other organizations to accept referrals from its program.	5 points
(b)	The applicant has developed a plan to keep track of whether clients have accessed the services to which the proposed program has referred the clients. Example: The applicant explains how the organization will determine if the clients have accessed the services to which the funded program has referred the clients.	5 points

Criterion C: Quality Assurance — Total 10 Points

In this section, the applicant discusses how it will provide quality assurance, and program monitoring as it relates to the proposed program's goals and objectives, and discusses activities, staffing/ resources, data collection and its time line.

C-1	The applicant provides information on how staff's activities will be monitored and assessed to determine if established guidelines and protocols are followed, and to determine skills-building and training needs identified.	5 points

C-2	The applicant provides sufficient information on how client – level data will be managed in compliance with HIPPA regulations and in accordance with approved service delivery protocols.	5 points

Criterion D: Organizational History and Experience Total 10 Points

In this section, the applicant should describe the overall experience of the organization in working with the target population.

D-1	The applicant has experience providing the specific prevention services proposed to the target population. Example: The applicant should describe the heart disease and stroke, youth violence or primary care prevention services (including outreach, health education, workshops, counseling, testing, and referral services, etc.) that it has provided the target population and for how long.	5 points
D-2	The applicant demonstrates other experience with providing health and social services to the target population.	5 points

Criterion E: Budget Justification NOT SCORED

In this section the applicant provides a detailed description of its budget needs and the type and number of staff it needs to successfully provide the proposed activities. The applicant should provide details of its budget for each activity. The applicant should demonstrate how the operating costs will support the activities and objectives it proposed. The applicant should have the capability to access the Internet and to download documents about the specific health area from the CDC and other sites, as well as have electronic mail (e-mail) available. If this capability is not available, the applicant should provide a budget for purchasing the equipment or services needed. The applicant shall use a portion of its budget proposed for evaluation activities. **NOTE:** PCPA may not approve or fund all proposed activities or expenditures. The Applicant should give as much detail as possible to support each budget item, and list each cost separately when possible.

E-1	The applicant's proposed budget is reasonable and realistic.	Not Scored
E-2	The resources and personnel proposed are sufficient to achieve the objectives of the proposed program Example: The applicant describes what its budget and staffing needs are. Specifics of how it plans to spend funds i.e., how much funding is needed to provide services to the target population (staff,	Not Scored

	supplies, incentives, etc.), how much is needed to operate the organization (staff, supplies, rent, etc.), how much is needed for contracting with other individuals or organizations (evaluation consultant, auditor, etc.). Provide a description for each job, including job title, function, general duties, and activities, the rate of pay and whether it is hourly or salary, and how much time will be spent by each staff person on the program activities (give this in a percentage, i.e., 50% of time spent on evaluation). If known, the names and titles each person working on the program including staff members and consultants, include this information and resumes (if available). If staff members are not yet known, the applicant should discuss how it plans to recruit these individuals.	

Decision on Awards

The recommendations of the review panel are advisory only and are not binding. DOH/PCPA will make recommendations to the Director of DOH who will weigh the results of the review panel against other internal and external factors in making the final funding determinations.

PROPOSAL FORMAT **ALL PROGRAM AREAS**

Applicants are required to follow the format listed below and each proposal submitted and must contain the following information:

SECTION / DOCUMENT	TOTAL PAGES (Not to Exceed)
Official Transmittal Letter	Not counted in page total
Application profile (See Attachment A)	Not counted in page total
Table of Contents	
1. Project Summary	**2 Pages (**Not counted in page total)
2. Knowledge and Understanding of Need	**3 Pages**
3. Program Description	**12 Pages**
▪ Program Model	
▪ Program Goals Objectives and Activities	

▪ Timeline	
▪ Client Access and Retention	
▪ Management and Staffing	
▪ Evaluation Plan	
▪ Referrals and Linkages	
4. Quality Assurance and Program Monitoring	**3 Pages**
5. Organizational History & Experience	**2 Pages**
6. Budget Table (See Attachment F) & Narrative Justification	Not Counted in Page Total
7. Certifications and Assurances (See Attachments B and C)	Not Counted in Page Total
8. Project Work Plan (See Attachment D)	
9. Staffing Plan (See Attachment E)	
10. Receipt (See Attachment G)	
11. Appendices (Resumes, Organizational Chart, Position Descriptions)	

The number of pages designated for each section is a recommendation. However, the maximum number of pages for the total proposal **cannot exceed 20 double-spaced pages, on one side, on 8½ by 11-inch paper.** Margins must be no less than one inch and a font size of 12-point is required (New Times Roman or Courier type recommended**).** Pages should be numbered**. The review panel shall not review applications that do not conform to these requirements.**

Description of Proposal Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that proposals reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services.

Official Transmittal Letter

An individual authorized to submit applications on behalf of the organization must sign a letter transmitting the proposal to the Preventive Block Program Coordinator, Carolyn Bothuel.

Applicant Profile

Each application must include an Applicant Profile, which identifies the applicant, type of organization, years of experience in similar programs, project service area and the amount of grant funds requested. **See Attachment A.**

Table of Contents

The Table of Contents should list major sections of the proposal with quick reference page indexing.

Project Summary

A brief summary of the key points made within the application.

Knowledge and Understanding of Need

This section should contain a description of the target population and the risk behaviors they engage in; a description of the barriers they face to access prevention services and how the proposed program will reduce those barriers; a description of how the applicant will work with other organizations to improve the delivery of Prevention and Intervention Services to the target population; and a description of the wards and/or neighborhoods where services will be provided along with the reasons for choosing those areas.

Program Model Overview

This section of the application should name and/or describe which specific program model will be used and demonstrate the extent to which the proposed program model or approach is theory-based and has evidence of effectiveness. The applicant should specify the theory, approaches, and relevance of the program model to addressing the health prevention needs of the populations / priority health areas targeted. The

applicant should reference curricula, assessment instruments or materials that will be used in the program.

This section should also contain a description of what the applicant will do to reach persons who are at high risk for disease or injury because of their behaviors, and how it will get the target population to use the applicant's proposed services. This section should contain a brief timeline, with information on the proposed start and completion dates of the program's most important steps.

Program Goals, Objectives and Activities

This section of the application should contain goals, objectives and the major activities to reach those objectives, for each intervention that the applicant will implement. The interventions required for each target population or program area are listed on page 13 of this RFA.

The applicant must provide objectives that are measurable (i.e., show with numbers that progress is being made and what specific activities are implemented to achieve each objective). For individual-level interventions (e.g. individual prevention counseling), group level interventions (i.e., psycho-educational skills building groups) and prevention case management, include both process and outcome objectives.

Process objectives describe the number of individuals that will be reached, the demographics of those individuals, the number of risk reduction materials and literature/ information packets distributed, the number of referrals made and to what types of services.

Outcome objectives describe the changes in knowledge, attitudes, beliefs and behavior (KABB) that will take place as a result of implementing an intervention. **Use the following format for the goals and objectives:**

Example 1:

Intervention: Group Level Intervention

Goal #1: Promote the adoption and maintenance of CVD risk-reduction behaviors by overweight Black women, through multiple-session, psycho-educational skills building groups.

Process Objective 1: By the end of the 12th month of the project, provide a minimum of 12 hours of interactive workshops for 40 overweight Black women.

Activity #1 – Develop outreach materials and recruit participants for the workshops, through outreach activities (where?), starting by the second month of the project.

Process Objective 2: By the end of the first GLI series, 80% of participants will have completed the intended number of sessions.

Outcome Objective 1: By the end of the 12th month of the project, at least 80% of the individuals that participated in 75% of the workshops will have increased their knowledge of CVD prevention, their skills in calorie counting and aerobic exercises, and their intentions to practice safer eating.

Example 2:

Intervention: Outcome

Goal #1: Promote the adoption and maintenance of gun violence risk-reduction behaviors by Black male adolescents who reside in group homes, through outreach activities.

Objective: By the end of the 12th month of the project, provide risk and harm reduction information and education, and referral services, for 1,500 Black adolescent males who reside in group homes, 800 Black adolescent females who reside in group homes and 200 Hispanic adolescent males who reside in group homes, through an average of four face-to-face outreach contacts.

Activity #1 – Develop or adopt culturally and linguistically appropriate outreach materials by the end of the first month of the project.
Activity #2

Evaluation Plan

This section should contain a description of how the applicant will evaluate the proposed program. The applicant should explain how it will determine if it meeting the process and outcome objectives listed above, how it will collect and analyze data, who will be responsible for the evaluation, and how it will use the evaluation information to improve the proposed program, if needed. The applicant should also describe methods and tools it will use to monitor outcomes on each specific type of intervention and activity proposed.

Referrals and Linkages

This section should contain a description of how the applicant will help clients who are at high risk for disease get the services and treatment they need (e.g., high blood pressure counseling and testing; medical, treatment, and social services such as housing and transportation). The applicant should include copies of any agreements it has with other organizations that will provide support services to the applicant's clients.

Management and Staffing of the Program

This section should contain a description of how the applicant will manage the program, including information on the skills and experience of the program staff.

Quality Assurance and Program Monitoring

In this section the applicant should describe how it would determine the training needs of the program's staff and provide that training, and how it will determine the organization's needs for technical assistance and obtain the necessary assistance. The applicant should also describe its plans for quality assurance and program monitoring.

Organizational History

In this section the applicant should describe its experience providing the health area-specific prevention services to the target population; its experience providing other health and social services to the target population; and its experience linking and collaborating with other organizations to provide such prevention, support or care services for the target population.

Program Budget and Budget Narrative

Standard budget forms are provided in Attachment F. The budget for this proposal shall contain detailed, itemized cost information that shows personnel and other direct and indirect costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Personnel

Salaries and wages for full and part-time project staff should be calculated in the budget section of the grant proposal. If staff members are being paid from another source of funds, their time on the project should be referred to as donated services (i.e., in-kind, local share and applicant share). Applicants should include any matching requirements, either case or in-kind.

Non-personnel

These costs generally include expenditures for space, rented or donated, and should be comparable to prevailing rents in the surrounding geographic area. Applicants should also add in the cost of utilities and

telephone services directly related to grant activities, maintenance services (if essential to the program) and insurance on the facility.

Costs for the rental, lease and purchase of equipment should be included, listing office equipment, desks, copying machines, word processors, etc. Costs for supplies such as paper, stationery, pens, computer diskettes, publications, subscriptions and postage should also be estimated.

All transportation-related expenditures should be included, estimates of staff travel, pre-approved per diem rates, ground transportation, consultant travel costs, employee reimbursement and so forth.

Indirect Costs

Indirect costs are cost that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.

Certifications and Assurances

Applicants shall provide the information requested in Attachments B and C and return them with the application.

Appendices

This section shall be used to provide technical material, supporting documentation and endorsements. Such items may include:

- Annual audits, financial statements and/or tax returns;
- Indication of nonprofit corporation status;
- Roster of the Board of Directors;
- Proposed organizational chart for the project;
- Letters of support or endorsements;
- Staff resumes (required); and
- Planned job descriptions.

ATTACHMENTS

A	APPLICANT PROFILE
B	CERTIFICATIONS
C	ASSURANCES
D	WORKPLAN
E	STAFFING PLAN
F	BUDGET TABLE
G	ORIGINAL RECEIPT

ATTACHMENT A

Applicant Profile

Applicant Name: _____

TYPE OF ORGANIZATION

Small Business_____ Non-Profit Organizations _____Other _____

Contact Person:_____

Office Address: _____

_____

Telephone/Fax: _____

E-Mail Address: _____

Program Description: _____

_____

Program Area:
[ ] Chronic Disease: Heart Disease and Stroke
[ ] Injury and Violence: Youth Violence Prevention
[ ] Access to Primary Care: Linkage to Services

BUDGET

Total Funds Requested: $_____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, ''New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code. And implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over $100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – lll, ''Disclosure of Lobbying Activities," in accordance with its instructions;
I, the undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub–recipients shall certify and disclose accordingly.

2. Debarment, Suspension, And Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

1. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c.) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

2. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

1. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

3. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

I Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: [INSERT OFFICE], 441th 4th St., NW, 400 South, Washington, DC 20001. Notice shall include the identification number(s) of each effected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e),. and (f).

B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace (Grantees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67 615 and 67.620—

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

[District of Columbia, Department of Health- Office of Grants & Contracts Management (825 North Capital Street, NE- 3rd Fl, Washington, DC 20002.

As the duly authorized representative of the applications,
I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

ATTACHMENT C

ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. **It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.**

2. **It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.**

3. **It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).**

4. **It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.**

5. **It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.**

6. **It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.**

7. **It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.**

8. **It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it**

will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA

9. **It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.**

10. **It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.**

11. **It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.**

12. **It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.**

13. **In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.**

ATTACHMENT C

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14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will comply with the provisions of the Coastal Barrier Resources Act (P.L 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

_____ _____

Signature **Date**

ATTACHMENT D

Proposed Work Plan

Preventive Health and Health Services Block Grant

Agency:	**Program Model / Name:**
Program Area:	Primary Target Population:

GOAL 1: *[Example: Provide outreach and referral services for persons at risk for CVD due to obesity]*

Measurable Objectives/Activities:

Process Objective #1: *[Example: By December 31, 2005, provide 2,500 face-to-face outreach contacts for 500 unduplicated obesemen in Wards 5 & 6]*

Key activities needed to meet this objective:	Start Date/s:	Completion Date/s:	Key Personnel (Title)
•	•		
•	•		
•	•		
•	•		

Process Objective #2:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			
•			
•			
•			

Process Objective #3:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			
•			
•			
•			

Make additional copies of this page as needed

ATTACHMENT E

Proposed Staffing Plan

Preventive Health and Health Services Block Grant

Agency:

Program Area:

NAME	POSITION TITLE	FILLED/ VACANT	ANNUAL SALARY	% OF EFFORT	START DATE

Director Signature: _____ **Date:** _____

ATTACHMENT F

BUDGET
Preventive Health and Health Services Block Grant

Agency: **Date of Submission:**

Service Area: **Project Manager:**
Budget: **Telephone #:**

CATEGORY	ADMINISTRATION	PROGRAM SERVICE
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Subtotal Direct Costs		
Indirect/Overhead		
TOTAL:		

ATTACHMENT G

Preventive Health and Health Services Block Grant
RECEIPT

District of Columbia, Department of Health
Office of PHHS Block Grant Coordinator
825 North Capital, NE- 3rd Floor
WASHINGTON, DC 20002

Preventive Health and Health Services Block Grant
RFA #111604

THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
OFFICE OF GRANTS & CONTRACTS MANAGEMENT
IS IN RECEIPT OF

_____
(Contact Name/Please Print Clearly)

_____
(Organization Name)

_____
(Address, City, State, Zip Code)

_____ _____ _____
(Telephone) **(Fax)** **(E-mail Address)**

_____ **$**_____
(Program Title- If applicable) **(Amount Requested)**

Program Area for which funds are requested in the attached application:
(Check Just one per Application)

[ ] Program-Area One-Chronic Disease
[ ] Program-Area Two-Injury and Violence
[ ] Program-Area Three-Access to Primary Care

[District of Columbia, Department of Health USE ONLY]
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES
RECEIVED ON THIS DATE: _____/_____/ 2004
TIME RECEIVED: _____
RECEIVED BY: _____